

Fair Contracting Intake Questionnaire

If you complete and return this form, you have not filed a formal complaint. OCR staff will review your form, then contact you to finalize the process.

Person Filing Complaint							
Address _							
Phones:	Home		Work				
			Message				
E-mail:							
Name of y	our business:						
Type of Bu	usiness						
Address_							
City	State_		Zip Code				
Phone		E-mail					
How did y	ou hear about OCR?						
Name of a friend or relative we can contact if we cannot contact or locate you							
Name							
Phones:	Home		Work				
	Cell		Message				
E-mail:							

What is the monetary amount of the contract? \$						
The Complaint is against (check all that apply):						
King County government agency Contracting agency						
Trade association Bonding company						
Other (explain):						
The discrimination was because of my (Check all that apply)						
Race (specify)						
Color (specify)						
Gender Male Female						
Age (birthdate)						
Sexual Orientation Gender Identity						
National Origin (specify)						
Ancestry (specify)						
Religion						
Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting						
Disability						
Use of Service/Assistance Animal						
Retaliation – I made a formal/informal discrimination complaint or was an investigation witness						
Date you became aware of the discrimination?						
Most recent date of discrimination?						
Is the discrimination continuing?						

Who do you want to file a complaint against? (use additional pages if necessary)

Company Name		
Address		
City		
PhoneE-mail or website address		
Please provide the name and addres		
•	•	
Name		
Address		
City	_ State	_ ZIP Code
Company Name		
Address		
City		
Phone		_
E-mail or website address		
Please provide the name and addres		
Name		Phone
Address		
City		
Company Name		
Address		
City	State	_ Zip Code
Phone		_
E-mail or website address		_
Please provide the name and addres	s of person if differ	ent than above.
Name		Phone
Address		
City		

What action(s) were taken against you? (check all that apply)						
King County Agency or Contractor:						
Denied contract bid						
Refused to refer to contracting opportunity						
Discriminated against you in performance standards required in contract						
Discriminated against you in other terms or conditions of the contract						
Contracting Agency or Trade Association:						
Discriminated against you with respect to membership rights and privileges						
Discriminated against you with respect to admission to or participation in a guidance						
program, business or occupational training program						
Discriminated against you with respect to a referral of a contract opportunity or assignment of						
a particular contract						
Bonding company:						
Discriminated in terms and conditions of bonding services						
Business entity:						
Refused to provide reasonable accommodation/modification						
Retaliated against you for opposing a discriminatory practice						
Other						
Briefly describe what action(s) were taken against you. (please include specific dates)						

Please provide contact information for witnesses to these actions. (use additional pages if necessary)
lame:	
Address	
_	
Phone(s)	
lame:	
Address	
Phone(s)	
lame:	
Address	
Phone(s)	
verify that this statement is true to the best of my knowledge.	
Signature Date	

Please return your signed Intake Questionnaire to

King County Office of Civil Rights 400 Yesler Way, Room 260 Seattle, WA 98104-2683

Questions about this online form? Contact OCR at 206-296-7592, TTY 206-296-7596, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

We provide reasonable accommodations for people with disabilities.

AVAILABLE IN ALTERNATE FORMATS